

PTO/SB/01 (09-04)
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	TYLERTON-228698		
	First Named Inventor	Eli Bar		
	COMPLETE IF KNOWN			
	Application Number	10/575,312		
	Filing Date	April 11, 2006		
	Art Unit			
<input type="checkbox"/> Declaration Submitted With Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Amplification-Based Cardiac Assist Device

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 10/15/2004 as United States Application Number or PCT International

Application Number PCT/IL2004/000950 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.83. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

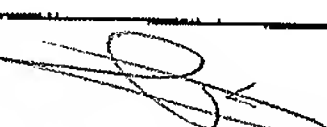
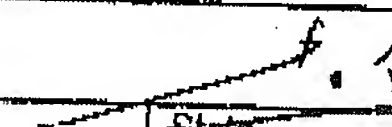
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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:	<input checked="" type="checkbox"/> The address associated with Customer Number:	054042	OR	<input type="checkbox"/> Correspondence address below
Name William H. Dipport				
Address Wolf, Block, Schorr and Solls-Cohen LLP 10th Floor 250 Park Avenue				
City New York		State New York	ZIP 10177-0030	
Country US	Telephone 212.986.1116	Facsimile: 212.986.0604 E-Mail: wdipport@wolfblock.com		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)) Eli		Family Name or Surname Bar		
Inventor's Signature 		Date 8/31/07		
Residence: City Moshav Megadim	State	Country IL	Citizenship IL	
Mailing Address P.O. Box 273				
City Moshav Megadim	State	Zip 30875	Country IL	
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)) Benny		Family Name or Surname Roussio		
Inventor's Signature 		Date 8/29/07		
Residence: City Rishon LeZion	State	Country IL	Citizenship IL	
Mailing Address 12 Henri Bergson Street				
City Rishon LeZion	State	Zip 75801	Country IL	
<input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LB attached hereto.				

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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet
	Page <u>3</u> of <u>3</u>

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Ran		Kornowski	
Inventor's Signature <i>X Ran Kornowski, MD</i>		Date <i>X 1/2/07</i>	
Ramat Hasharon	State	IL	Citizenship IL
2 Nachal Kidron Street			
Mailing Address			
Ramat Hasharon	State	Zip 47314	Country IL
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country

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PTO/SB/01 (09-03)

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/575,312
Filing Date	April 11, 2006
First Named Inventor	Eli Bar
Title	Amplification-Based Cardiac Assist Device
Art Unit	
Examiner Name	
Attorney Docket Number	TYLERTON-228698

I hereby appoint:

☒ Practitioners associated with the Customer Number:

054042

OR

☐ Practitioner(s) named below:

Name	Registration Number
William H. Dippert	26,723

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

054042

OR

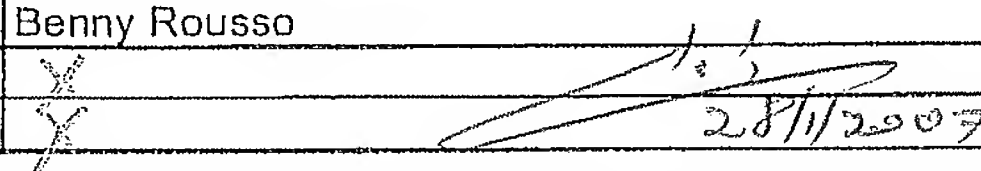
<input type="checkbox"/> Firm or Individual Name	Wolf, Block, Shorr and Solis-Cohen LLP				
Address	250 Park Avenue				
Address	10th Floor				
City	New York	State	New York	Zip	10177
Country	US				
Telephone	212.883.4993	Fax	212.672.1192		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

e-Mail: wdippert@wolfblock.com

SIGNATURE of Applicant or Assignee of Record

Name	Benny Rousso		
Signature			
Date	2/8/11/2007	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/81 (09-03)
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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	
Application Number	10/370,312
Filing Date	April 11, 2006
First Named Inventor	Eli Bar
Title	Amplification-Based Cardiac Assist Device
Art Unit	
Examiner Name	
Attorney Docket Number	TYLERTON-228698

I hereby appoint:

☒ Practitioners associated with the Customer Number: 054042

OR

☐ Practitioner(s) named below:

Name	Registration Number
William H. Dippert	26,723

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number: 054042

OR

☐ Firm or Individual Name: Wolf, Block, Shorr and Solls-Cohen LLP

Address: 250 Park Avenue

Address: 10th Floor

City: New York State: New York Zip: 10177

Country: US

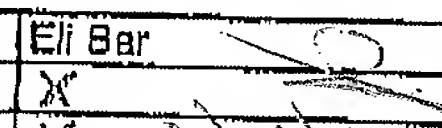
Telephone: 212.683.4003 Fax: 212.672.1192

I am the:

☒ Applicant/Inventor. e-Mail: wdippert@wolfblock.com

☐ Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/86)

SIGNATURE of Applicant or Assignee of Record

Name	Eli Bar
Signature	
Date	3/11/07
Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.93. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/81 (09-03)

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/575,312
Filing Date	April 11, 2006
First Named Inventor	Eli Bar
Title	Amplification-Based Cardiac Assist Device
Art Unit	
Examiner Name	
Attorney Docket Number	TYLERTON-228698

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☒ Practitioners associated with the Customer Number:

054042

OR

☐ Practitioner(s) named below:

Name	Registration Number
William H. Dipperl	26,723

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

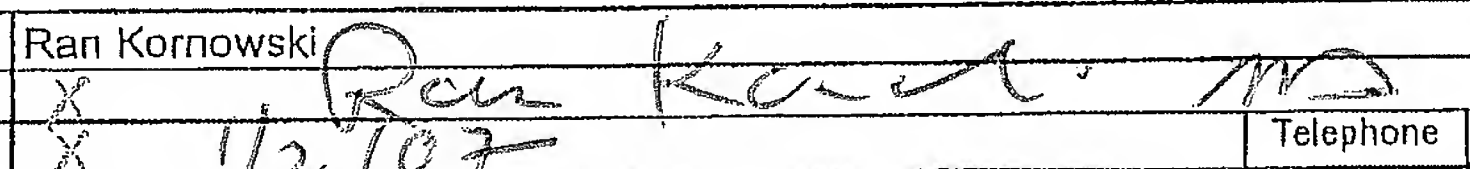
<input type="checkbox"/> Firm or Individual Name	Wolf, Block, Shorr and Solis-Cohen LLP				
Address	250 Park Avenue				
Address	10th Floor				
City	New York	State	New York	Zip	10177
Country	US				
Telephone	212.883.4993	Fax	212.672.1192		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

e-Mail: wdipperl@wolfblock.com

SIGNATURE of Applicant or Assignee of Record

Name	Ran Kornowski		
Signature			
Date	1/2/07	Telephone	972-54-4441071

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.

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